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THE  
CONTAGIOUS DISEASES ACTS,

A P A P E R R E A D

BY

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LECTURER ON SYPHILOLOGY, EDINBURGH SCHOOL OF  
MEDICINE,

Before the Medico-Chirurgical Society of Edinburgh,  
January, 1881.

*On the Hygienic and Legislative Failure of the Acts,*  
With the Discussion of the Society.

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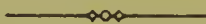
# ON THE CONTAGIOUS DISEASES ACTS,

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FRANCIS CADELL, F.R.C.S.E.,

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*(Read before the Medico-Chirurgical Society of Edinburgh, 1st December, 1880.)*



IN examining the results of the working of the Contagious Diseases Acts I shall not touch upon the moral aspect of the question, as that is beyond the sphere of a medical paper, and shall only refer to the social bearings of the subject when these are directly connected with the increase or diminution of venereal disease.

It is also not my intention to go deeply into statistics, as, from the ease with which figures may be manipulated, it would bring an element of confusion into the discussion; and because, as I shall afterwards show, these statistics give no information at all upon the effects of the Acts in preventing constitutional syphilis, the only matter of real importance connected with the subject.

The motive of the Acts must be well known to every one, and consists in the compulsory and periodical examination of all registered prostitutes, and their detention in hospital when found diseased.

I shall now proceed to consider what in the working of these Acts is baneful and what is beneficial—for I think there is good as well as bad in them,—and afterwards draw my conclusions from the examination of both sides of the question.

The first thing to consider is the effect of the Acts on the number of prostitutes and brothels in the subjected districts. In whatever country these or similar Acts are in force, we see as the invariable result a diminution in the number of public prostitutes and the houses they frequent. This appears to me, however, anything but an unmixed good. The repression of these women through the working of the Acts does not mean that prostitution has lessened, or that the resulting disease has been reduced. It only means that the women who dislike the police regulations (and this dislike is almost universal) have either left the district or become clandestine prostitutes. Any one who has visited the large cities of the Continent, Paris,

Vienna, or Berlin, could not fail to notice the tremendous extent to which clandestine prostitution prevails, and it is hardly necessary to quote the opinion of the Prefect of Police of the Hague on the subject. He was asked, "At what figure do you estimate the number of the clandestine prostitutes?" He answered, "They are not to be estimated; they are continually increasing." With reference to the amount of venereal disease to be seen in Continental cities where prostitution is under police regulation, I can speak decidedly from observation, long-continued, in Vienna and Lyons, and do not hesitate to state that venereal disease in all its forms was much more prevalent in these two cities than here in Edinburgh.

We have had a taste of repressive legislation as applied to brothels in this city by means of the "Edinburgh Municipal and Police Act, 1879." The brothels, which formerly were confined to special districts of the town, have been shut up, and the prostitutes who lodged in them have been scattered broadcast in ones and twos over the town and suburbs, to find accommodation for themselves in hitherto respectable localities. The effect of such short-sighted legislation can only be to increase prostitution, disease, and demoralization.

We now come to the strictly medical aspects of the subject, and we are met at once by the question, What surgeon, however skilful and careful, can certify that a prostitute is sound? No one could tell from examination what form of vaginal or uterine discharge is innocent and could not produce a gonorrhœa; or, again, a woman suffering from secondary syphilis, but without external manifestations, might after careful ablutions pass the medical officer as sound, and yet a few hours afterwards communicate syphilis to any one having connexion with her. From these considerations it will be seen how many possibilities of error exist in the very essence of the Acts. The effect of the Acts in preventing the three forms of venereal disease, gonorrhœa, the local ulcer or soft chancre, and syphilis, must be our next consideration.

Before inquiring into the preventive power of the Acts as regards gonorrhœa, it is necessary shortly to give a description of what is known of the etiology of the disease. Gonorrhœa, I believe, frequently results from other causes than contagion; that is to say, that the man may get the clap from a woman who is quite free from the disease herself. I shall quote a passage from Dr Bumstead's work on venereal diseases in support of this statement. He says, "Of one thing I am *absolutely certain*, that gonorrhœa in the male may proceed from intercourse with a woman with whom coitus has for months, or even years, been



practised with safety, and this, too, without any change in the condition of her genital organs perceptible upon the most minute examination with the speculum. I am constantly meeting with cases in which one or more men have cohabited with impunity with a woman both before and after the time when she has occasioned gonorrhœa in another person; or, less frequently, in which the same man, after visiting a woman for a long period with safety, is attacked with gonorrhœa without any disease appearing in her, and after recovery resumes his intercourse with her and experiences no further trouble. The frequency of such cases leaves no doubt in my mind that gonorrhœa is often due to accidental causes, and not to direct contagion. If this view of the causes of gonorrhœa is accepted, it will explain the total failure of the Acts in lessening the number of cases of this disease. In the home and Mediterranean navy there had been a remarkable increase of the disease between the years 1866 and 1875. This is accounted for in the Navy Report, 1874, in the following manner:—*That there has been no increase of gonorrhœa at all, and that the apparent increase to nearly treble its amount, both in the home and Mediterranean navy, is simply due to the medical officers having been desired by the Admiralty to record their gonorrhœal cases more regularly than formerly.* If this be the correct explanation of the extraordinary increase of gonorrhœa alluded to, it only tends to show the lamentable inexactness of the official records on the subject. It is quite possible, however, that the Acts might account for a small increase in the ratio of gonorrhœal cases by the mechanical irritation caused by the periodical examinations with the speculum, assisted by the irritating injections and other means used by the women themselves in order to appear healthy at the time of examination, and so increasing the ordinary causes of gonorrhœal infection. Gonorrhœa is not the trifling disease many suppose, and accounts for a great deal of that loss of service in the army and navy to prevent which these Acts were instituted. In fact, during its acute stage I should say that gonorrhœa was more likely to interfere with a soldier's active duty than syphilis itself. It seems to me that the impotency of the Acts to prevent gonorrhœa takes away one reason for their existence.

As regards the second variety of venereal disease, the soft chancre or local sore, which is not followed by constitutional symptoms, I should expect the Acts to have a very decided beneficial effect. This form of sore is rapid in its action, and painful in its progress, and could be readily detected even by a cursory examination. The ratio of so-called primary sores per

1000 of strength of the forces was, between the years 1874-78, in 14 stations under the Acts, 37, as against 94 in 14 stations not under the Acts.

With reference to the effects of the Acts in preventing syphilis, the only disease for which legislation could be considered necessary, we are left without any correct statistical information on which to base an opinion. In the army reports the two forms of sores, the syphilitic and non-syphilitic, are placed together in one class, and there is no record at all of cases of secondary syphilis, so that the statistics are utterly valueless so far as syphilis is concerned. This being so, all that can be done at present is to try to come to some conclusion as to the probable effect of these Acts in preventing the spread of syphilis. It is therefore necessary to consider shortly what is the nature of the disease.

Unlike the soft chancre, the primary lesion of syphilis is insidious and slow in its action, and most frequently painless in its progress, and thus in its early stage might be readily overlooked during an ordinary examination with the speculum. Primary syphilis is merely the first local intimation of the contamination of the constitution by a poison whose contagious properties remain in the blood for a period which may be roughly fixed at two years. This poison is extremely subtle, and may often lurk in the discharges of a woman who to all outward appearances is perfectly healthy. And it may be confidently affirmed that many cases of syphilis must pass through the hands of the examining medical officer, be certified as healthy, and still within a short time infect others with syphilis. In order to prevent a syphilitic woman from spreading the disease it would be necessary to imprison her for at least eighteen months. And even if a government could be persuaded to enact such throughgoing sanitary legislation, and a people found willing to pay for it, syphilis would not be appreciably diminished. Clandestine prostitutes would take the place of the imprisoned public ones, and of course men would continue to spread the disease as before. To try to stamp out syphilis, or even lessen the amount of it, by legislation of this one-sided and unscientific character, can only end in failure and disappointment, and bring discredit on the medical profession who so largely countenance the continuance of these Acts.

A word, in passing, about hereditary syphilis, a disease which has been made too much of by the supporters of these Acts to strengthen their position. A famous surgeon once made an observation on this subject which was so universally accepted as true that it was dignified by the name of "Colles' Law." The

law is, that no mother ever got infected from her syphilitic infant ; which simply means that all mothers of syphilitic infants were infected before the birth of their children. There are only two ways by which a wife can receive syphilis from her husband—1st, directly by contagion ; or, 2d, indirectly from him by the spermatic germ infecting the foetus, and through the foetus herself. Now we know positively that the blood during the primary and secondary stages of syphilis is contagious ; but we have no evidence to prove that the physiological secretions—of which the semen is one—are contagious. Therefore it is much more likely that the mother of a syphilitic infant becomes directly infected by her husband, either by syphilitic secretions, or, these being wanting, by the blood itself from an abraded surface during the intimate sexual relations of married life. In this way so-called hereditary syphilis may be considered merely as syphilis in the foetus caused by direct contagion from the mother at the time of conception or during pregnancy. The deduction I draw therefrom is, that if syphilitic men were to avoid procreating children until three or four years had passed since their infection, it would have an infinitely greater effect in lessening congenital syphilis than any amount of stringent legislation on the lines of the present Acts.

I must now refer to one benefit that has resulted from the introduction of the Contagious Diseases Acts, and that is the provision of extensive hospital accommodation for venereal diseases. Private charity is not to be depended on to supply this needed want ; and although the Royal Infirmary here sets apart sixteen beds for venereal cases, the supply is miserably inadequate.

There ought to be a lock hospital in every large town, the direction of which should be quite separate from that of the ordinary hospital. The importance of this is seen in the history of the Edinburgh Lock Hospital. Whenever its management was merged in that of the general hospital, it is notorious that the interests of the lock wards ceased to be so carefully guarded.

There can be no doubt that soldiers and sailors in the subjected districts benefit somewhat in their health from the working of these Acts. They consort with the lowest class of prostitutes, which is the class of women who most willingly remain under the Acts. But what is gain in health to the soldiers and sailors is a loss to the civil population, as the latter are the chief sufferers from the increased amount of clandestine prostitution which invariably follows repressive legislation. The conclusions I would draw from a careful consideration of this subject, are :—

1st, That syphilis is not a sufficiently serious disease to require any special legislation ; and even granting that legislation were



necessary, that these Acts, on account of their one-sided and unscientific character, are not fitted to grapple successfully with such a subtle disease as syphilis.

2*d*, The Acts do not lessen the amount of gonorrhœa in the army and navy.

3*d*, They have a beneficial effect in preventing non-syphilitic sores in the army and navy.

4*th*, The Acts give too much power to the police, and are therefore tyrannical.

5*th*, They reduce the number of public prostitutes, thus tending to increase clandestine prostitution, and as a consequence disease, amongst the civil population.

DR W. TAYLOR thought he might save time by breaking the silence and starting discussion on at least two points in Dr Cadell's paper, which he thought fairly admitted of a difference of opinion. The first was the question as to whether venereal disease was a subject of sufficient gravity to engage the attention of Parliament. The second was the question as to whether syphilis was physiologically hereditary by being transmissible to the impregnated female through the male germ, although non-transmissible by sexual contact or contagion when not followed by pregnancy. With regard to the first question, if Dr Cadell's view as to the triviality of the disease be correct, then all the past teaching on the subject must be erroneous, for by it we had been led to believe that syphilis was one of the most formidable of diseases, often in its immediate effects, often in its remoter consequences, not the least of which was a specific diathetic change in the constitution, with all its attendant susceptibilities. Dr Taylor held that this view was correct, and that syphilis was at least as worthy of legislative cognizance as such other virulent diseases as, say, smallpox. The second question was partly physiological and partly pathological. He thought it was reasonable to suppose that certain females would not be susceptible to contagion from mere approximation of the mucous surfaces. Many circumstances might tend to modify that susceptibility. But it was also reasonable to suppose that the closer physiological contact involved in the result of a fruitful coitus could hardly fail in being detrimental to the woman to the full extent to which the germ was diseased. All experience favoured this view, and he ventured to say that most of them had had in their individual practice cases in which it had been illustrated. They had observed, through preliminary periods of sterility, no evidence whatever of syphilis, whereas very soon after conception had taken place these symptoms manifested themselves in the pregnant woman. How could it possibly be

otherwise? How could the blood of a syphilitic foetus circulate through the maternal veins without communicating the disease? With regard to the one-sidedness of the present Acts of Parliament all must be agreed. Any legislative measure which only recognised the delinquency of one sex where both are involved must necessarily be one-sided, and to that extent, at least, inefficient.

PROFESSOR GAIRDNER said,—It is a great comfort to hear a subject like this, on which we are accustomed to hear much that is rather of the nature of declamation than of argument, discussed in a calm, scientific manner. I had hoped that some one might have represented the other side of the question, as, for myself, I agree so much with Dr Cadell. One point as to hospitals: I agree that the increase of lock hospitals would be a great boon, but am inclined to question whether special lock hospitals are the best mode of solving the difficulty, considering the stigma which attends a lock hospital; it would be better to set apart special wards in general hospitals. With regard to the social expediency of the Acts referred to, their fitness or otherwise for accomplishing their purpose, and their actual results, I can speak only as a physician; but, with every disposition to be impartial, it is exceedingly difficult to detach the medical from the moral question. Now, have the Acts succeeded in doing what they profess to do? Statistics are most misleading, and it is very difficult to determine whether the Acts have succeeded. I agree with Dr Cadell's estimate, and that the success attained is not worth fighting for. Have the Acts done what (according to their principles) they ought to have done? The principle of the Acts is so to clear the streets of a protected district that a soldier or a sailor cannot possibly get either syphilis or gonorrhœa. Can any one say that they have actually come within miles of accomplishing this ideal? and would it not be more correct to say that, looking to what they aim at, and the immense machinery they set in operation, they have utterly broken down? If so, does not this failure suggest that the Acts are going on a wrong line entirely? If failures to save the soldiers and sailors from syphilis and gonorrhœa to an extent that might be reasonably expected,—if even gonorrhœa is propagated as largely as before, notwithstanding the Acts,—then the question comes in, Are they on the right line morally? If they were medically successful, it might perhaps be right to keep them in being; but if not, is the precedent a right one, and will not the believers in the Acts go on to remedy their deficiencies and buttress their weak points by demanding an extension of their area, and a more rigid and general application of their

machinery? And so we get by only too easy stages from an apparently guarded and strictly localized protection for our soldiers and sailors, to initiate a general system, as in most Continental cities, of State brothels and licensed prostitution. Does this, again, succeed? We get into a maze of statistics which are difficult to understand. I appeal to you who know Continental cities. Can you really believe that there is any probability, from what you see and hear, that syphilis is restrained, or even lessened, or is less in such as Antwerp, Vienna, and Berlin, than in London, Edinburgh, or Glasgow? I don't believe that in any of the protected cities there is less syphilis, but rather that there is more. And to explain this,—you permit licensed houses, and point out thereby to a young man a field of apparent security; dignifying the position, give it a status as a sort of education through which any one or every one is expected to pass. You hold up to the young this idea of a false security, and give them the machinery; but do you confine this vice to the State institution? No; the young men, beginning in a brothel, go on in an ever-spreading circle of demoralization, in which outer circle of vicious haunts, even supposing the public brothels to be kept physically pure (as we know now, however, they simply cannot be), an abundant crop of syphilis is propagated. These things are plain enough; and though a difficult subject, I confess I have always been struck by the dreadful callousness of public opinion on the Continent on the subject, and therefore I do not wish to see the system in this country. In Glasgow, the superintendent of police, who, from the official point of view, might perhaps have been expected to see and understand all the good points of these Acts, has repeatedly informed me that his experience and his practical views of duty have led him quite in an opposite direction, viz., to the suppression, as far as the law will allow, of the brothel altogether as an institution, and a stern police supervision over street solicitation and all the overt forms of public demoralization. This may or may not be right in principle, or it may by some be expected to encourage clandestine practices which will ultimately defeat the end in view; but at all events it may be said that hitherto, with brothels closed and broken up on all hands, and external decency maintained in the principal streets, the statistics of the lock hospital and of the reformatory institutions show that while syphilis has apparently diminished in Glasgow, a large number of prostitutes have been driven, from sheer lack of occupation, into the reformatories.

MR CHIFNE, after congratulating Dr Cadell on the scientific spirit with which he had discussed a difficult subject, pointed



out that as medical men, in this Society, they had to deal with a disease, and to consider how they could best mitigate it ; with the theological aspects of the question they had nothing here to do. It seemed to him that Dr Cadell expected too much from these Acts. They were certainly not perfect ; this he believed to be in great measure due to their restriction to localities. At the same time, we could, even at the best, only look for an approach to perfection in this as in all things human. He believed that the good done to our soldiers and sailors was greater than Dr Cadell would allow. In his opinion, both gonorrhœa and syphilis were sufficiently serious diseases to require legislative interference. The effect of these Acts on the civil population in the area around the protected district was, in his opinion, still *sub judice*. If clandestine prostitution followed in their wake to the extent described by Dr Cadell, then, from what he had seen of the evils of clandestine prostitution in Edinburgh since the passing of the recent Municipal Act, he was prepared to reconsider the whole question. Two courses seem open—either to do away with the Acts, or to extend them to the whole country. To do the first would be foolish ; they had not yet been fairly tried (if a trial in the restricted way can ever be fair.) This country was not prepared to do the second—viz., to extend them over the whole population. In the meantime, while feeling that Dr Cadell had brought forward a number of objections which it might be difficult to answer, and for which he had suggested no remedy, Mr Chiene was prepared to give these Acts in their present form a further trial. The certificate might be so worded that it did not say that “the woman was clean,” but that, “as far as could be judged, the woman was clean.” It was, as Dr Cadell stated, very difficult to speak dogmatically on this point.

DR CUNYNGHAME mentioned how in India our troops are protected. Accompanying each regiment is a native bazaar, and among the other inhabitants of this are prostitutes. Whenever a man presents himself at hospital with acute venereal disease in any form, the woman from whom he contracted his disorder is at once identified and put under treatment by the native assistant in the hospital. This plan answers well in small stations where there is only one bazaar ; but in large stations, with several regiments quartered in them, it fails to some extent as the woman may manage to go from the bazaar of one to that of another. By this plan, however, the entrances into hospital on account of venereal disease are decidedly kept under. In former days it was throughout the army usual to have the men inspected regularly by the junior medical officer, to see that no one was suffering from the disease and hiding it. He thought,



unless the Contagious Diseases Act can be made general throughout the whole country, it must fail to do what is intended by its supporters.

DR MACGILLIVRAY remarked that a good deal had been said in the course of this evening's discussion regarding the imperfect results obtained, both at home and abroad, from the present legislative measures, from which it was argued that all legislative interference in such matters was a mistake. The want of perfect success on the Continent was, he thought, easy of explanation. In Paris, for example, there were two hospitals for venereal disease in women, both under State control and supported by Government—the Hospital St Lazare, for prostitutes who were under police supervision, and the Hospital Lourcine, containing about three hundred beds, for the general female population. Although he did not deny that respectable women who had in any way contracted disease might occasionally be treated in the Lourcine, still one might say that for the most part it was the hospital for illicit prostitutes. These women were treated either as out-patients, continuing to live in the town and coming to the hospital for treatment, or were of their own free will admitted into the wards, where they remained under treatment until discharged, when they might return to their former habits of life without ever coming under the surveillance of the police. The same state of matters prevailed, so far as he had been able to observe, both in Vienna and Berlin; and this being so, it was easy to understand how the present Continental systems were far from proving completely successful in stamping out venereal disease. But while admitting that the present legislative measures, both in this country and on the Continent, were very imperfect, and therefore had failed to obtain all the good results some had anticipated, he did not think it fair to argue from this, as had been done this evening, that all such legislation was necessarily a mistake. It was undeniable that the Acts, even as at present carried out, must to a certain extent tend to diminish venereal disease, and the reasonable logical deduction from this seemed to be, not that the laws should be annulled, but that they should be improved and amended. Were the same line of argument adopted in other matters as had been made use of this evening by those opposed to the Contagious Diseases Acts, then, by parity of reasoning, compulsory vaccination should be done away with, because outbreaks of smallpox still continued to occur.

DR MILLER remarked that before coming to the meeting he had believed, what he was frequently told by the advocates and promoters of these Acts, that the majority of medical men were

in their favour. Since, however, hearing Dr Cadell's paper and the speeches which had followed (more especially that of Professor Gairdner), he was prepared to believe the contrary—at any rate as regarded the medical men then present. He had intended criticising the Acts from very much the same point as Dr Gairdner, but after that gentleman's able and effective speech he had nothing to add. With regard to Dr Cadell's paper he would like to say a few words. Dr Cadell had said that he did not consider venereal diseases sufficiently serious to require such strong and rigorous measures as the Contagious Diseases Acts. He (Dr Miller) was not prepared to say exactly the same. But this he would say,—that syphilis was not now as serious a disease as it was twenty or fifty years ago; and he believed that this was the opinion of all in the present day who had to do with the disease, and who were able to remember the manifestations of twenty or fifty years ago. He held in his hand a voluminous document, the Report of the Select Committee of the House of Commons appointed to consider the Contagious Diseases Acts. He would not trouble the Society by referring minutely to these reports, but merely mention one or two points. The first was in support of what he had just been saying. This was a diagram prepared from the number of cases of primary venereal sores occurring in the army from 1860 to 1877. The diagram shows two lines, the one indicating the actual number of cases, and showing a fall from 146 per 1000 to 35 per 1000; the other line indicating a calculation made by Dr Nevins of the probable fall during the thirteen years after the passing of the Contagious Diseases Acts, on the average of the six years before the Acts were in force. The two lines were much the same—the one terminating at 35, the other 32, per 1000. Dr Miller pointed out, also, that there was a steady fall shown in the returns for secondary syphilis during the years 1860 to 1878—there being a steady fall from 2·68 per 1000 to 1·88. Another point to which Dr Miller referred in these reports was, that the most marked fall in numbers following the operation of the Contagious Diseases Acts was in primary sores. Dr Miller considered that this was most likely due to an effect produced on chancroids or soft sores—which, in his opinion, were more likely to be influenced by the Acts than any other venereal affection. Dr Miller said that he considered that the slumping together of all venereal sores was a great mistake, and made the army returns almost worthless. Dr Cadell had touched upon the important subject of congenital or hereditary syphilis. He (Dr Miller) could not enter upon that subject, although he would like to do so, as he considered it the most important point at present in

connexion with the pathology of syphilis. Dr Miller hoped that Dr Cadell would favour the Society with a paper on that subject at an early date.

DR JAMES RITCHIE thought that in the discussion of this subject one of the first questions which arose was, whether the ruling body ought to endeavour to protect the members of the community from infectious disease. The general answer now was in the affirmative ; and this being so, he did not see why those affections to which the Contagious Diseases Acts owed their existence ought to be disregarded, any more than scarlatina, diphtheria, etc. While he agreed with much of what Dr Cadell said, he could not agree with him in his first conclusion, and he thought that the cases seen in the practice of a general hospital, and also a knowledge of the immense loss to the country through the effect on our soldiers and sailors of the diseases under consideration, must lead one to the conclusion that some protective measure is very urgently needed. It had been stated that medical men have nothing to do with the moral aspects of the question ; but he agreed with Dr Gairdner that we do not get very deeply into an examination of the subject before we are brought face to face with its moral bearings, and we must not, therefore, disregard these in considering any remedial measure. Three means of protection had been alluded to—1st, the Contagious Diseases Acts, which, as had been shown, although they benefited the naval and military, had not influenced in any great degree the civil population. Dr Gairdner had ably pointed out the grave objections to them, and he hoped they would never pass into law in relation to the whole country. 2d, It had been urged as an objection to the closing of disreputable houses, and as an argument in favour of their continuance as a protective means, that not only are the women thereafter scattered over the town in hitherto respectable neighbourhoods, but that they are subjected to no restraint when diseased ; whereas that formerly they were collected into certain quarters, and the owners of the houses, in order to preserve their reputation, were careful to have placed under treatment any inmate known to be the subject of infectious disorder. Dr Cadell had shown the difficulty, in some cases, of recognising disease, and that the syphilitic cases are never allowed to remain sufficiently long under treatment. Furthermore, the existence of such houses is morally indefensible. Dr Ritchie would like to see a longer and very stringent trial of the third method mentioned—that which had been in operation for some time in Glasgow, and for a shorter period in Edinburgh, viz., the closing up of all such houses, and the apprehension of all women found



soliciting on the streets. The first effect of scattering the women might be, for a time, an increase in the number of cases of disease; but as the former inmates of the houses passed out of existence there would be less chance of their places being supplied by others, because it was well known that at present agents are employed by the owners of houses to keep up the supply of women, and many innocent girls are thus lured and betrayed into a life of shame. If the houses were closed, their sources of supply might be expected to diminish, and as the temptations to the other sex, and the facilities for indulgence, would be fewer, it was within the range of reasonable probability that ultimately both vice and disease would decline. This method had seemed to act well in Glasgow, and he hoped, with a more lengthened and rigorous trial, it might prove still more beneficial.

DR GILLESPIE said that he had not intended to make any remarks on the subject of the paper, as he had come to hear the opinions of the younger members thereon; but as Dr Miller had given a sort of instruction to the secretaries to note the unfavourable views of the Society as regarded the Contagious Diseases Acts, he felt it incumbent on him to say that he approved of the Acts as regarded our garrison and seaport towns, believing that they had been of much benefit, while he did not think, so far as his experience went, that the civil population had suffered thereby.

DR TAYLOR said that as his previous remarks had only been made for the purpose of breaking the ice, he hoped he would now be allowed to state the results of his increased knowledge of the subject gained by the discussion. The question seems to have resolved itself into considerations which may be briefly formulated under three heads—1st, morality; 2d, expediency; 3rd, efficiency. Dr Gairdner in his remarks seemed chiefly to lay stress on the want of efficiency in the Acts of Parliament as tested by statistical results and by vague comparisons of English and Continental cities, so far as these in their morality impressed a casual visitor. Now, our statistical information is not sufficiently full, nor our experience of the working of the Acts sufficiently complete and long-continued in this country, to warrant us in deciding for or against them, and the second method of inquiry must be regarded as wholly unscientific. Then, as regards the morality of the question, Dr Gairdner seemed always to fight shy of it, while Mr Chiene openly avowed that he had nothing whatever to do with the morality of the case.

MR CHIENE—I said, as a surgeon I had nothing to do with it,



DR TAYLOR thanked Mr Chiene for the correction. That was entirely what he understood him to say; but still he held that it was with the morality of the question that they as physicians and surgeons had most to do. The morality was the very foundation of the whole question. Let us suppose that Mr Chiene's boys and mine are at school together, in the same class, and that whilst one of mine takes scarlatina I continue to send the other one to school, and that he infects Mr Chiene's son with the disease. Mr Chiene would surely say that I had been guilty of an act of gross immorality, and he must agree that the State or some other power ought to place such restrictions on me as to prevent my continuing the same line of conduct. But suppose that my son, aged eighteen, takes a quiet walk in the evening, innocent, and perhaps salutary, in its purpose, and that he meets a woman on the streets—who, I hold, has no right to be there—and that he is enticed by her and consents. Suppose that in consenting he contracts a disease which will last all his lifetime, and perhaps to two or three following generations. Surely the person who misled him committed a double act of immorality in first leading him into sin and then infecting him with disease. If I would have been guilty in propagating scarlatina, how much more would she be guilty in at the same time propagating syphilis and producing sin! And surely the State, or some other power, ought to step in and place such restrictions on individual conduct as would provide against the recurrence of anything which naturally involves such fearful consequences, by first of all removing the temptation, and next preventing contamination. The first can be accomplished by keeping prostitutes off the streets, the second by seeing that they are kept free from disease. The removal of temptation and the cure of disease are alike good and laudable for their own sakes—so good that no fastidious sentiment which finds expression in such phrases as “fear of legalizing of vice” can for a moment be held in comparison with them. But we are told that this plan has been tried and has failed. If so, then it has only failed through inefficiency either in conception or execution; and if the principle be right in itself, we should not give it up, but rather endeavour to secure its ultimate triumph by striving as much as possible to render the means efficient. With this view he would suggest that every case of syphilis in the male which comes under our care should be registered privately, not so much for statistical purposes as for hunting up the source. If this were done effectually, we would soon have every infected female traced out and placed in quarantine. Hereafter he would suggest that, in order to obviate the difficulties in

diagnosis experienced by Drs Cadell and Miller, and for many other good reasons, he would hand over all the females so quarantined to the care of lady doctors (*commotion and applause*). Every one knows that ladies are possessed of keener sensibilities and acuter powers of discrimination than men; and he would guarantee that if this department were entirely handed over to them, as it should be, no case of venereal disease in the female would escape detection for want of delicate diagnostic skill. Every one must therefore admit the importance of this question, so far as regards its *morality* and *expediency*. All that remains for us is to secure that it be dealt with *efficiently*.

DR CADELL, in reply, thanked the Society for the favourable way it had received his paper. He thought Dr Taylor's suggestion, to register cases of syphilis, in order to hunt up the source, impracticable, and likely to cause great injustice as well as ill-will, for in many cases men were ignorant of the exact source of infection.



